

Charles Brantley Aaron

Died at ^{Town} *Wharton island* ^{County} *Dorchester* MARYLAND

Date 1905 *Dec 30* Month *Dec* Day *30* Y. *27* M. *6* D. *—* Native of *Hushong* Occupation *Oysterman*

Male ☒ White ☒ Married ☒ Widow ☐ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *1*

Husband of *Annur Parker*
 Wife of *Annur Parker*
 Father's Name *Matthew Aaron* Mother's Maiden Name *Elizabeth Aaron*

Cause of Death { Primary *Drowning* Immediate *162* How long sick *162*
 Accident, ~~Suicide~~, Homicide *162*

Reported by *Carl W Tyler*
 Address *Hushong creek md* *W H Dringman & Co*
and take

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

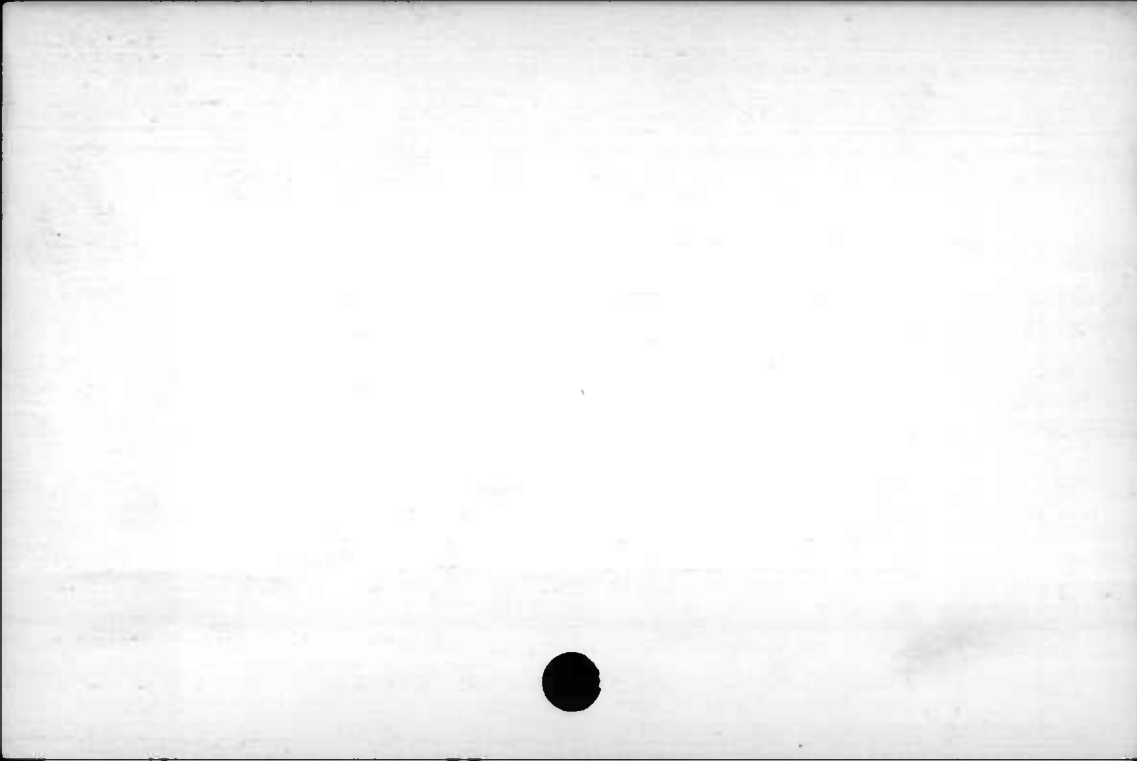
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Robin Creek</i>			Town <i>Brown</i>		County <i>War</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>3</i>	Day <i>28</i>	Age <i>—</i>	Years <i>—</i>	Months <i>6</i>	Days <i>X</i>	
Sex <i>boy</i>			Color or Race <i>—</i>			Birth-place <i>Hurlock Md</i>		
Occupation <i>I</i>				Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>				
Father's Name <i>adam Brown</i>				Father's Birthplace <i>War Co</i>				
Mother's Maiden Name <i>annie Jones</i>				Mother's Birthplace <i>War Co</i>				
Name of person giving information <i>adam Brown</i>				How related to deceased <i>193</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>1 week</i>
Immediate <i>Pneumonia</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. Roger Myers</i>
	Address <i>Hurlock Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Bertha Bryan

CERTIFICATE OF DEATH

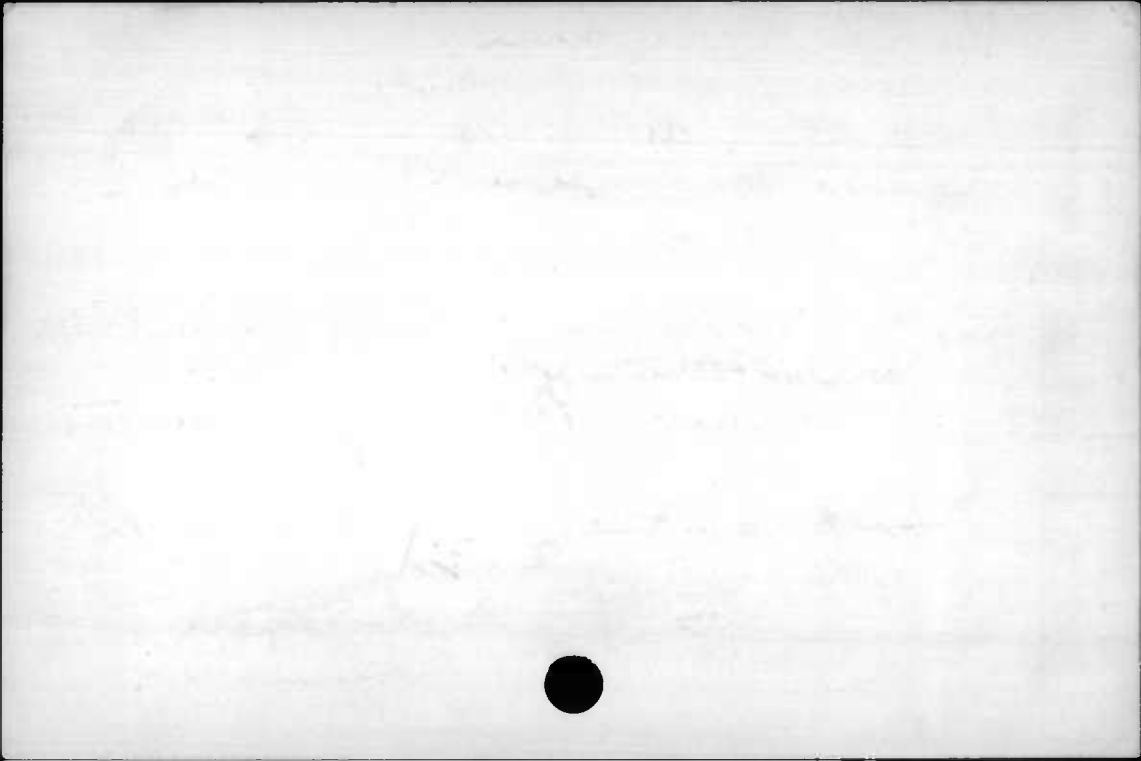
TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge Town		onchester County		MARYLAND	
Date of death 1905	Month March	Day 20	Age 22	Months 19	Days
Sex Female	Color or Race Colored	Birth-place Cambridge Md			
Occupation Housework		Where Residing if not at place of death —			
Married, Single or Widowed single	Name of Wife or Husband —				
Father's Name Moses Bryan			Father's Birthplace Lt. Co Md		
Mother's Maiden Name Harriett Morris			Mother's Birthplace Lt. Co Md		
Name of person giving information Harriett A Bryan			How related to deceased mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis	How long 6 months
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Lucy Steele
	Address Cambridge Md
Accident or Suicide?	



Name
in
Full

Bessie Christopher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Vienna</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	1905	Month <i>3</i>	Day <i>17</i>	Age	Years <i>18</i>	Months <i>7</i>	Days <i>7</i>
Sex	<i>female</i>		Color or Race	<i>White</i>		Birth-place	<i>Vienna</i>
Occupation	<i>none</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>Frank Christopher</i>					Father's Birthplace	<i>Caroline County</i>
Mother's Maiden Name	<i>Willie Banting</i>					Mother's Birthplace	<i>Dorchester</i>
Name of person giving information	<i>Edmond Christopher</i>					How related to deceased	<i>Brother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis of Lungs</i>	How long	<i>one year</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. R. Elliott</i>
		Address	<i>Vienna</i>
Accident or Suicide?			



Name
in
Full

Elsie Christopher

CERTIFICATE OF DEATH

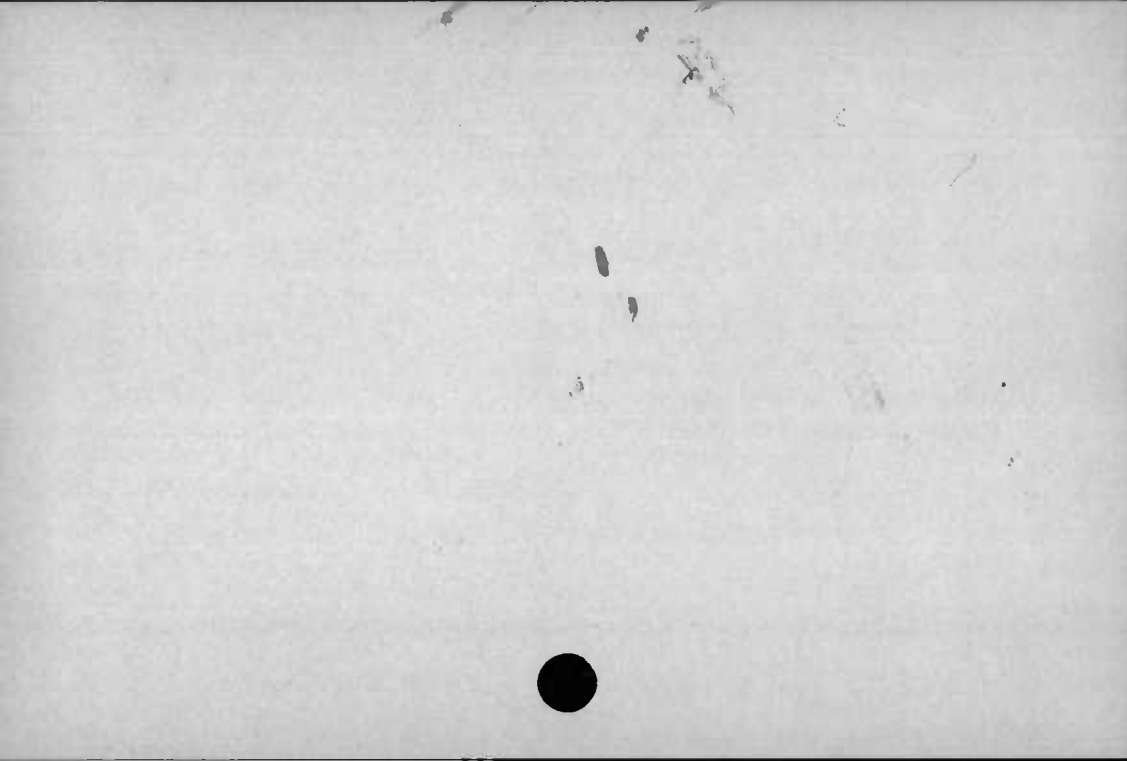
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Orinina		County Dorchester		MARYLAND	
Date of death	1905	Month 3	Day 2	Age 1	Years 1	Months 3	Days 5
Sex	Female		Color or Race	White		Birth- place	Orinina
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	Frank Christopher 34					Father's Birthplace	Cardinal County
Mother's Maiden Name	Willie Banting					Mother's Birthplace	Dorchester County
Name of person giving Information	Edmond Christopher					How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Tuberculosis		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
Yes		W R Elliott	
Accident or Suicide?			



Name
in
Full

Alexander Cole

CERTIFICATE OF DEATH

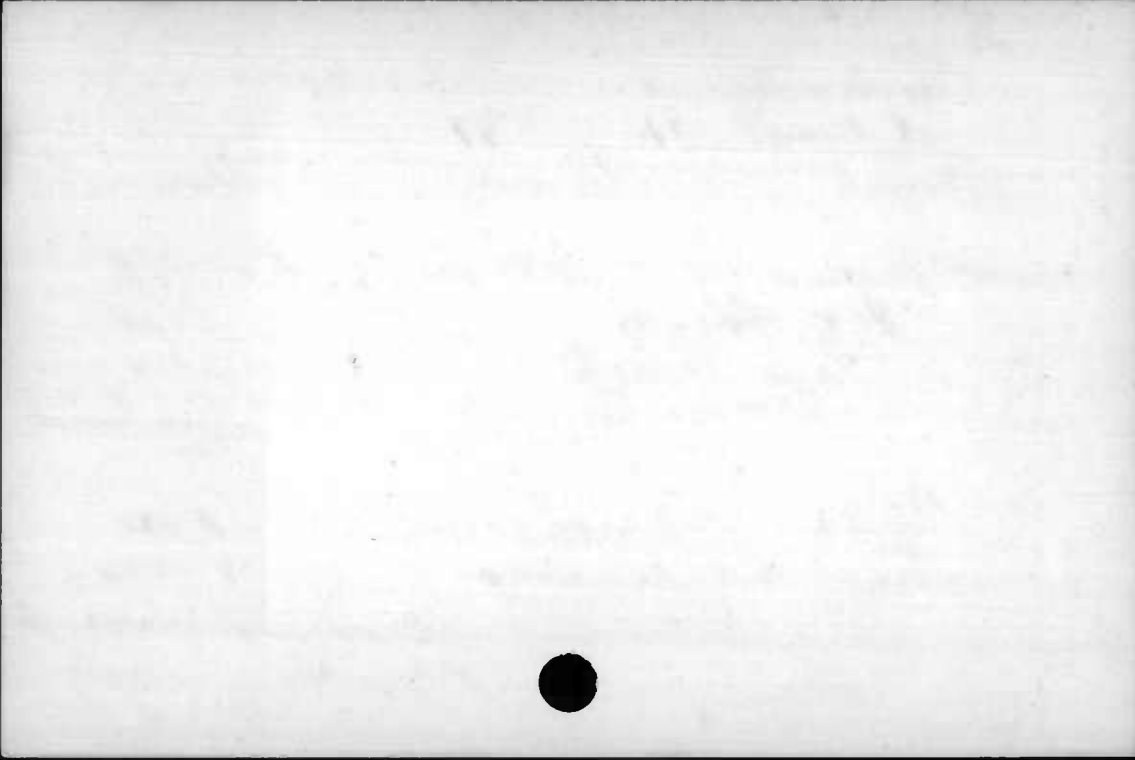
TO BE ANSWERED BY
NEAREST FRIEND

Died at Hickburg Town		Branchester County		MARYLAND	
Date of death 1905	Month March	Day 13	Age 69	Months	Days
Sex Male	Color or Race Colored	Birth-place Louisiana			
Occupation Labourer	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Marion Cole				
Father's Name Not known	Father's Birthplace				
Mother's Maiden Name Not known	Mother's Birthplace				
Name of person giving information Primarily known to doctor	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tubercular heart disease	How long some years
Immediate bronchopneumonia - heart failure	How long 6 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Samuel
	Address Cambridge Md
Accident or Suicide?	



Name
in
Full

Louisa C. Cornish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Taylor's Island* Town *Dorchester.* County *MARYLAND*

Date of death *1905* Month *March* Day *31* Age *41* Years Months Days

Sex *Female* Color or Race *African* Birth-place *Md.*

Occupation Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Wm. Henry Cornish*

Father's Name *Wm. Chester* Father's Birthplace *Md*

Mother's Maiden Name *Jane Clark* Mother's Birthplace *Md*

Name of person giving information *Wm. H. Cornish* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

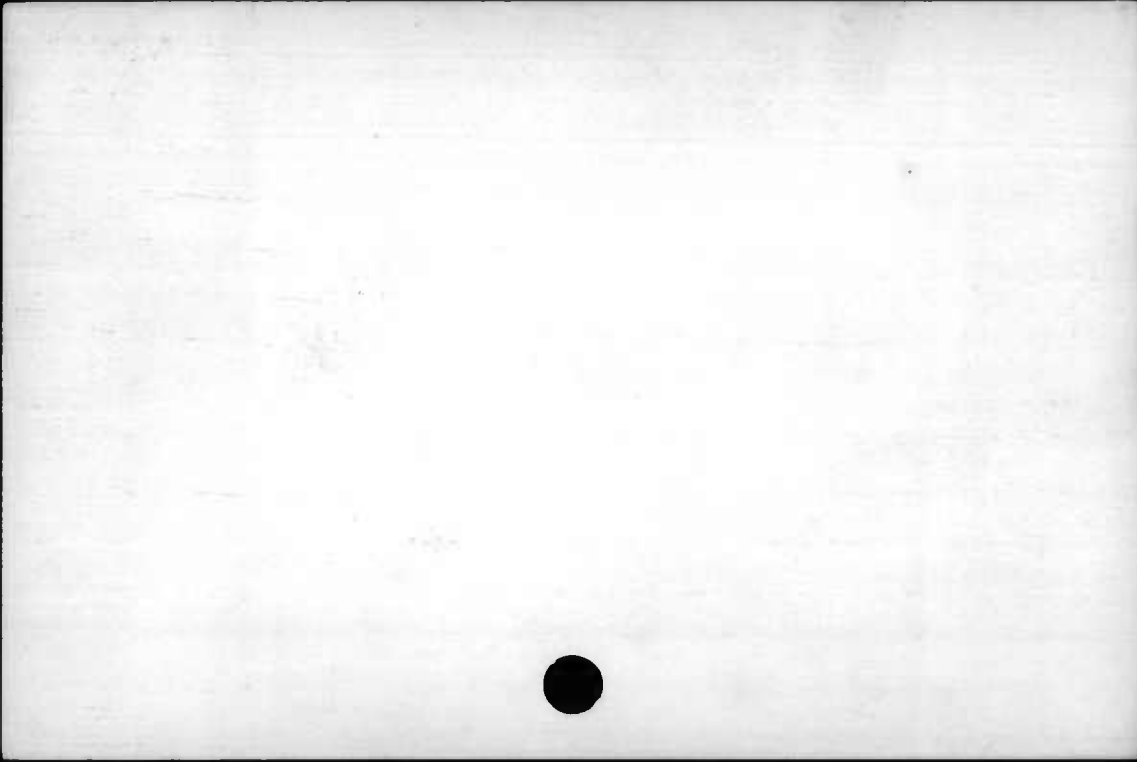
Primary *Mitral Regurgitation* How long *1 yr.*

Immediate *Loss of Compensation* How long *4 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Geo. K. Shriver, Jr.*

Address *Taylor's Island.*

Accident or Suicide? *Md.*



Name
in
Full

Susan Corington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Birling Creek

Town

County

Dorchester

MARYLAND

Date

of death 190

5

Month

March

Day

3rd

Age

Years

42

Months

9

Days

19

Sex

Female

Color or
Race

White

Birth-
place

Dorchester Co.

Married, Single
or Widowed

Married

Occupation

Housewife

Name of Wife or
Husband

Phillip Corington

Father's
Name

Samuel Parks

Father's
Birthplace

Dorchester Co.

Mother's
Maiden Name

Mary Tylar

Mother's
Birthplace

Dorchester Co.

Name of person giving
In formation

Phillip Corington

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Lobar Pneumonia

How long

12 days

Immediate

Heart failure

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

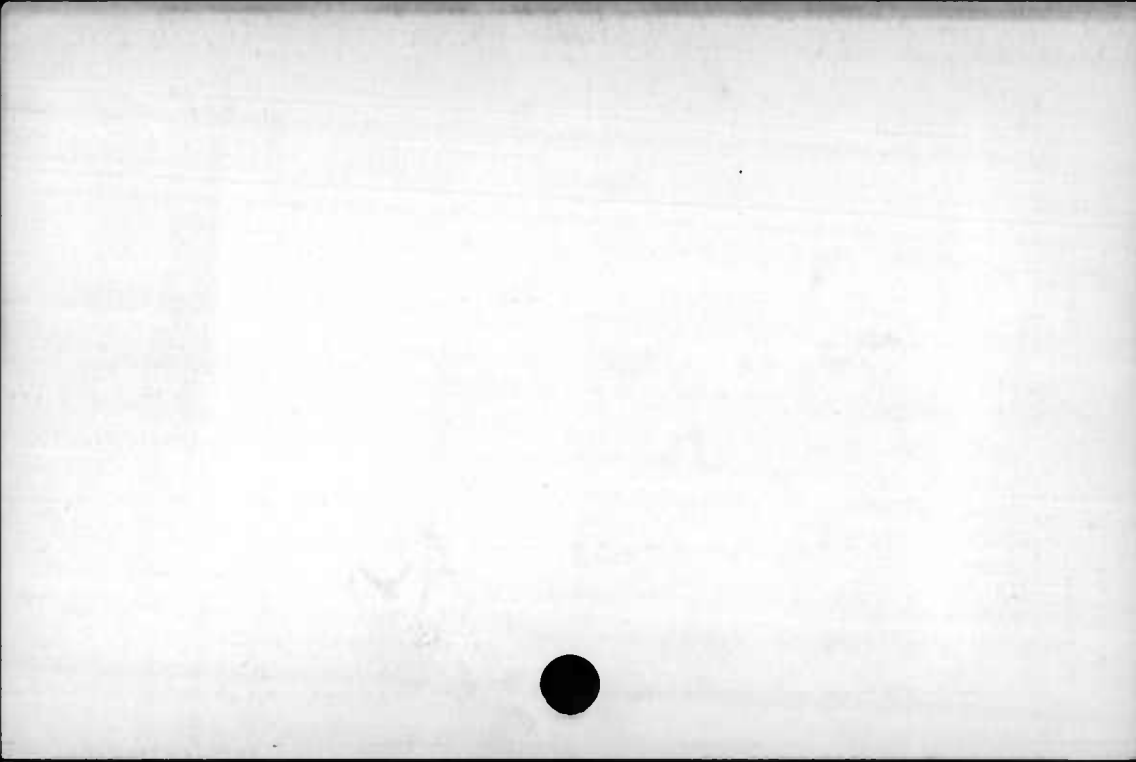
W. H. Houston

Address

Birling Creek Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Albanano Dearo

Died at ^{Town} *Watkins island* County *Dorchester* MARYLAND

Date 19 *05* ^{Month} *Mar* ^{Day} *30* | Age *28* | ^{Y.} *—* ^{M.} *—* ^{D.} *—* | ^{Native of} *Fishers* ^{Occupation} *aylmer*

Male ☐ White ☐ Married ☐ Widow ☐ ~~Divorced~~ ☐ ~~Female~~ ☐ ~~Colored~~ ☐ ~~Single~~ ☐ ~~Widower~~ ☐ Number of children living *3*

Husband of *Leanna Dear*

Wife of *John Dear* Mother's Name *Mithia flower*

Father's Name *John Dear* Maiden Name *Mithia flower*

Cause of Death { Primary *Drowning* | ^{How long sick} *102*

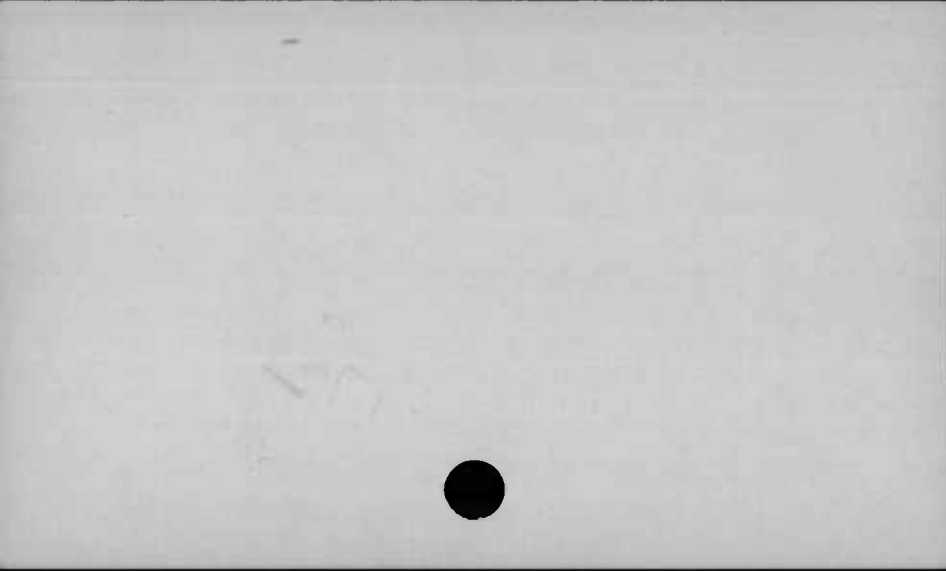
Death { Immediate ☐ | Accident, ~~Suicide~~, ~~Homicide~~

Reported by *Major Simmons*

Address *Fishing Creek Md* *W H Simmons & Co*

ind taker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Missizzie Verrike

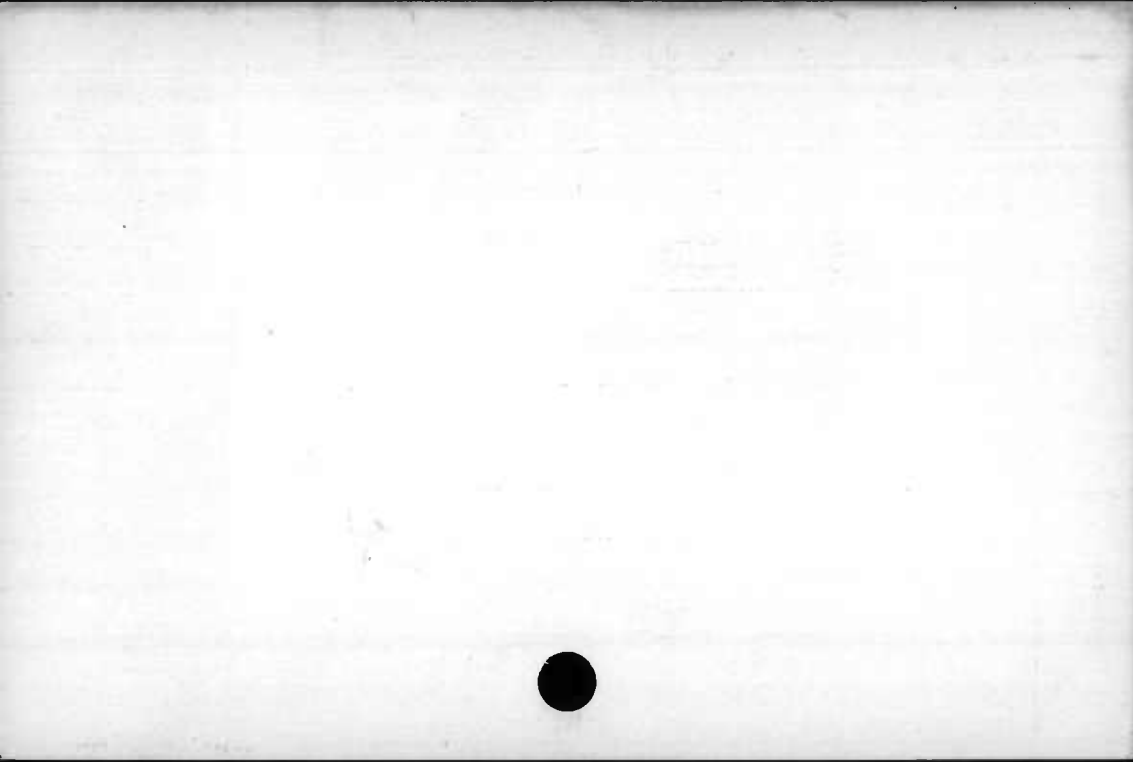
CERTIFICATE OF DEATH

Died at <i>Cambridge</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death	1905	Month	March	Day	7
Age	69	Years		Months	6
Sex	Female	Color or Race	White	Birth-place	Philadelphia
Occupation	None		Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Samuel Verrike</i>		Father's Birthplace <i>Philadelphia</i>	
Mother's Maiden Name		<i>Dout Knott</i>		Mother's Birthplace <i>Philadelphia</i>	
Name of person giving information		<i>Samuel Sterling</i>		How related to deceased <i>nephew</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>Five years</i>
Immediate	<i>Exhaustion</i>	How long	<i>Three days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas. W. Hawley M.D.</i>	
		Address <i>Cambridge Md</i>	
Accident or Suicide?			



Name
in
Full

Mrs Louise Harris

CERTIFICATE OF DEATH

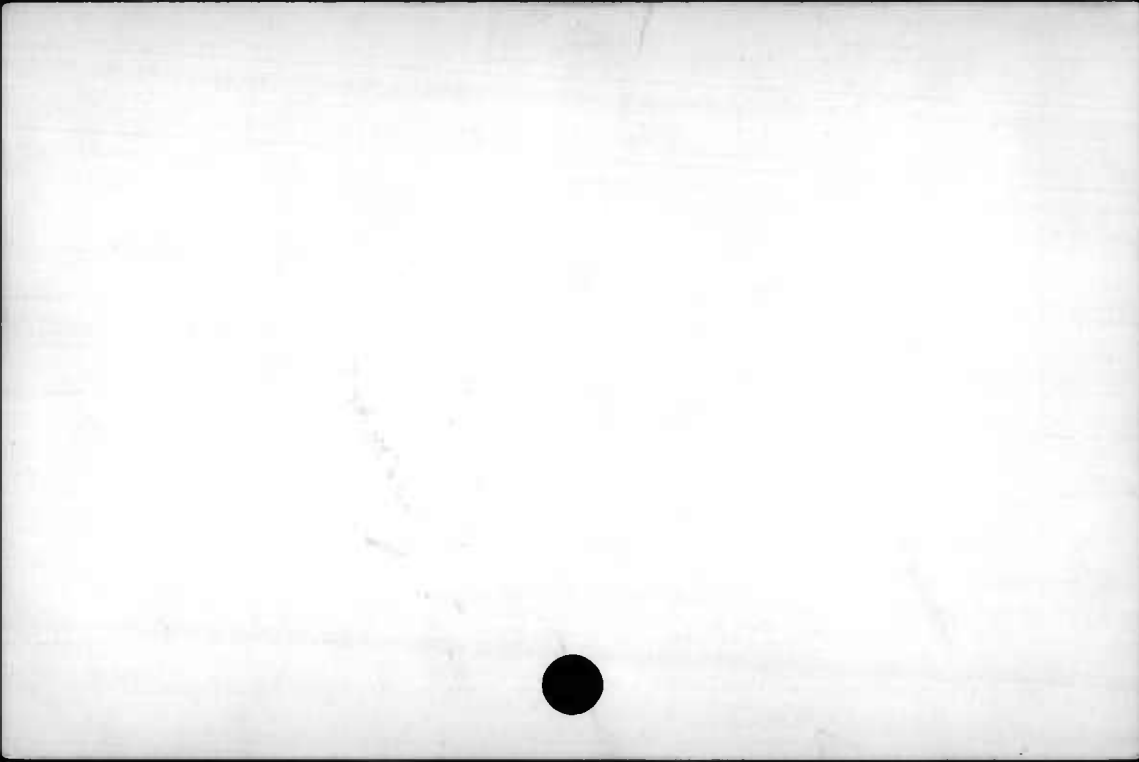
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> Twn		<i>Dorchester</i> County		MARYLAND	
Date of death	<i>1905</i>	Month <i>Feb</i>	Day <i>24</i>	Age <i>65</i>	Months Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Camden Co. Mo</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Cambridge Mo</i>			
Married Single or Widowed		Name of Wife or Husband <i>Andrew J Harris</i>			
Father's Name <i>William Mills</i>		Father's Birthplace <i>Camden Co Mo</i>			
Mother's Maiden Name <i>Does not know</i>		Mother's Birthplace			
Name of person giving Information <i>Mr D. Price</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic nephritis</i>	How long	<i>Some months</i>
Immediate	<i>uraemic poisoning</i>	How long	<i>About one week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>B. N. G. L. L. L. L. L.</i>	
		Address <i>Cambridge Mo</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bestpitch</u> ^{Town}		<u>Monchester</u> ^{County}		MARYLAND	
Date of death	<u>1905</u>	<u>3</u> ^{Month}	<u>9th</u> ^{Day}	<u>30</u> ^{Years}	<u>2</u> ^{Months} <u>6</u> ^{Days}
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Birth place	<u>Baltimore</u>				
Occupation	<u>Servant</u>		Where Residing if not at place of death	<u>Briffons neck</u>	
Married, Single or Widowed	<u>Married</u>		Name or Wife or Husband	<u>C Jones</u>	
Father's Name	<u>Jones.</u>			Father's Birthplace	<u>Baltimore</u>
Mother's Maiden Name	<u>Jenkins Winkley</u>			Mother's Birthplace	<u>Baltimore</u>
Name of person giving information	<u>H. J. Winkley</u>			How related to deceased	<u>Brother in law</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>1912</u>	How long
Immediate	<u>Drowning</u>	How long
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician
		<u>W. R. Elliott</u>
		Address
		<u>Vienna Md</u>
Accident or Suicide?	<u>accident</u>	



Name
in
Full

Richard McCready

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Cambridge^{County} DorchesterDate
of death 1905^{Month} Incl.^{Day} 3^{Years} Age 19^{Months}^{Days}

Sex

Female

Color or
Race

Blk

Birth-
place

Md.

Occupation

Oyster. slacker

Where Residing if not
at place of death -Married, Single
or Widowed

Married

Name of Wife or
Husband

Junior McCready

Father's
NameFather's
BirthplaceMother's
Maiden Name

Richard Thomas

Mother's
BirthplaceName of person giving
In formation

Junior McCready

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Tuberculosis

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

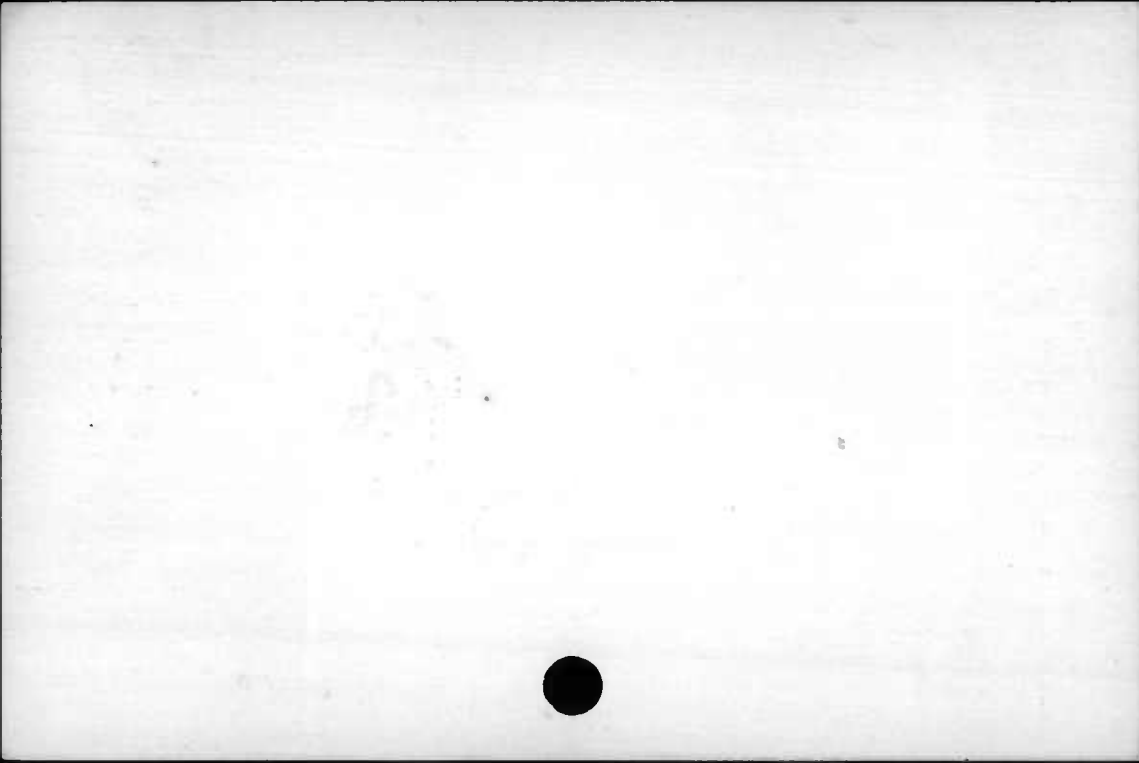
yes

Signature of
Physician

Address

E. E. Wolff M.D.
Cambridge, Md.

Accident or Suicide?



Name
in
Full

N. Laird Moloch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		1905	Month March	Day 9	Age 8	Months	Days
Sex male		Color or Race Black		Birth- place Cambridge Ma			
Occupation School Boy				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name N. H. N. Moloch				Father's Birthplace Dorchester Ma			
Mother's Maiden Name Sidonia Falehel				Mother's Birthplace Dorchester Ma			
Name of person giving Information N. H. N. Moloch				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis Internal Pulmonary		How long	2 months
Immediate	E. Lumber		How long	A few days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician B. W. Goldborough	
			Address Cambridge Ma	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

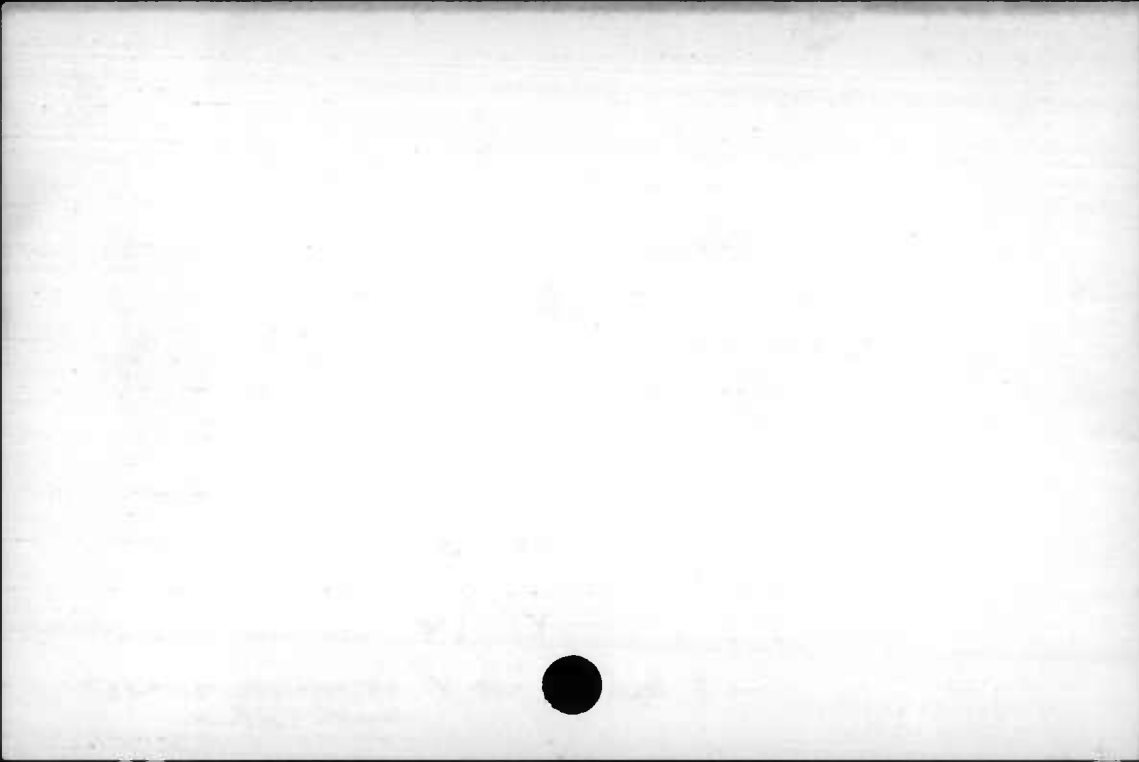
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death	1905	Month	3	Day	9
Age	Years		Months		Days
Sex	<i>Female</i>		Color or Race	<i>Blk</i>	
Occupation	<i>child</i>		Birth-place	<i>Ind.</i>	
Where Residing if not at place of death			<i>—</i>		
<input checked="" type="checkbox"/> Married, Single or Widowed <input type="checkbox"/> Name of Wife or Husband					
Father's Name			<i>Fred Nichols</i>		
Father's Birthplace			<i>Ind</i>		
Mother's Maiden Name			<i>Louisa Coleman</i>		
Mother's Birthplace			<i>Ind</i>		
Name of person giving information			<i>Louisa Coleman</i>		
How related to deceased			<i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Asphyxia</i>	How long	<i>476</i>
Immediate	<i>Asphyxia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>E. E. Wolff</i>	
Address		<i>Cambridge, Ind.</i>	
Accident or Suicide?		<i>Accident.</i>	



Sudan Parks

Town

County

Died at Fishing Creek

Dorchester

MARYLAND

Date 1905- May 14 Month Day Y. M. D. Age 42 9 19 Native of Fishing Creek Occupation House Key

~~Male~~ White Married ~~Widow~~ Divorced
 Female Colored Single ~~Widower~~ Number of children living 2

Husband of Philip Cawington
 Wife

Father's Name Backel Parks Mother's Name Mary Parks

Cause of Death { Primary Pneumonia Immediate
 How long sick 12 days
 Accident, Suicide, Homicide

Reported by Wm H Lewis 193

Address Fishing Creek Md I H Sumner & Co
and taken

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

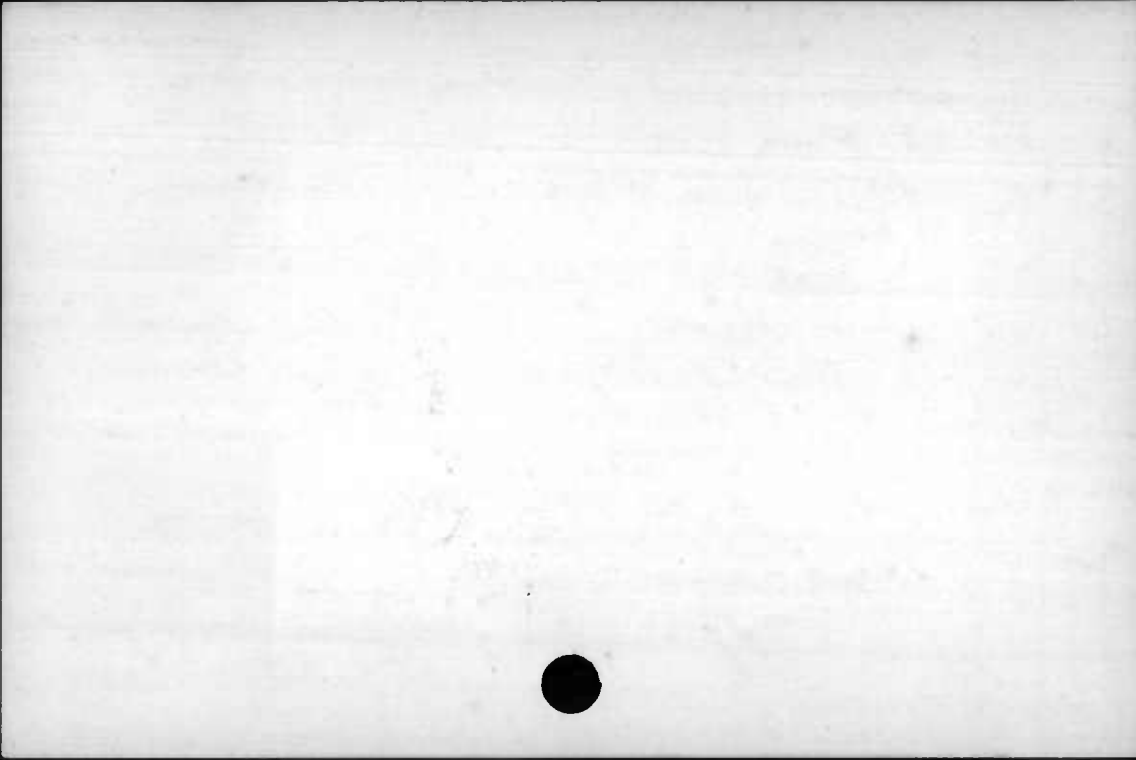
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Winnis Bidmont</i>		Town <i>Cambridge</i>		County		MARYLAND	
Died at <i>Cambridge</i>		Month <i>March</i>		Day <i>11</i>		Years <i>34</i>	
Date of death <i>1905</i>		Months		Days			
Sex <i>male</i>		Color or Race <i>Blk</i>		Birth-place <i>Dr. Co.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widow		Name of Wife or Husband					
Father's Name <i>Alexander Bidmont</i>		Father's Birthplace <i>Dr. Co.</i>					
Mother's Maiden Name <i>Ann Maria Burr</i>		Mother's Birthplace <i>Dr. Co.</i>					
Name of person giving information <i>Levin H. Bidmont</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Acute Heart Failure</i>		How long <i>a few minutes</i>	
Are the name, age, sex, color, date and place correctly given above? <i>YPS</i>		Signature of Physician <i>Sam Steele</i>	
		Address <i>Cambridge Md</i>	
Accident or Suicide?			



Name
in
Full

George Washington

Slauty

CERTIFICATE OF DEATH

Died at
Cambridge

Town

Dorchester

County

MARYLAND

Date
of death 1905Month
FebDay
21Age
Years

Months

Days
23Sex
maleColor or
Race

Black

Birth-
place

Cambridge Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Cahit Slauty

Father's
Birthplace

Dorchester Co Md

Mother's
Maiden Name

Emma Smith

Mother's
Birthplace

" " "

Name of person giving
Information

Cahit Slauty

How related
to deceased

Father

CAUSES OF DEATH

Primary

Meningitis

How long

Since birth

Immediate

Exhaustion

How long

Some days

Are the name, age, sex, color, date
and place correctly given above?

Yes

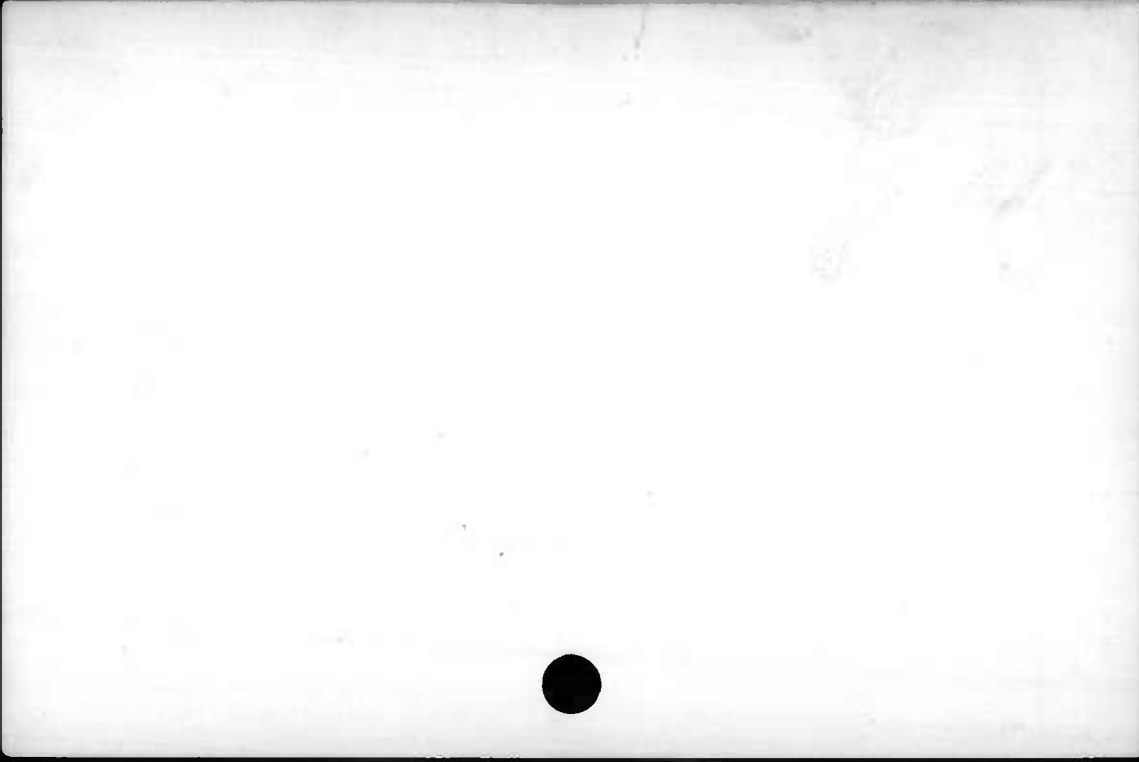
Signature of
Physician

Address

Dr. J. L. Long

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Secretary</i>		Town <i>602</i>		County	
Date of death <i>1905</i>		Month <i>March</i>		Day <i>14</i>	
Age <i>70</i>		Years		Months <i>10</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birthplace <i>Worcester County</i>	
Occupation <i>Tea house</i>		Where Residing if not at place of death <i>Home</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mary N. Spence</i>			
Father's Name <i>J. S. Spence</i>		Father's Birthplace <i>Worcester County</i>			
Mother's Maiden Name <i>Mary N. Henry</i>		Mother's Birthplace <i>County</i>			
Name of person giving information <i>J. H. Spence</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

Primary	<i>Acute Indigestion</i>	<i>chronic</i>	How long	<i>one day</i>
Immediate	<i>Heart Failure</i>	<i>due to</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Victor E. Kitchin</i>		
<i>yes</i>		Address <i>Post New Market Md</i>		
Accident or Suicide?				



Name
in
Full

Geo. W. Trigo

CERTIFICATE OF DEATH

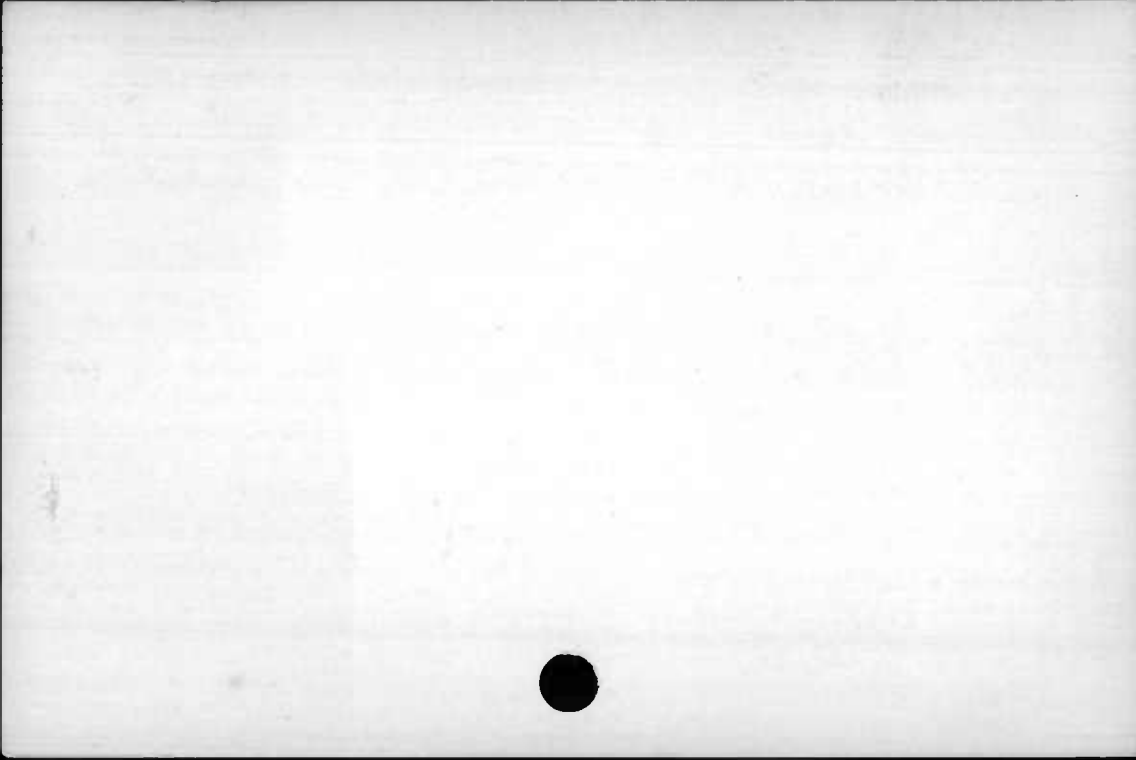
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Finchum</u> <small>Town</small>		<u>Onchester</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u>	Month <u>March</u>	Day <u>14</u>	Age <u>99</u>	Months <u>2</u>	Days <u>20</u>
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Dr. Co. Md.</u>	
Occupation <u>Farmer</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>widower</u>		Name of Wife or Husband <u>Rose A. Mills</u>			
Father's Name <u>Zachariah Trigo</u>			Father's Birthplace <u>Dr. Co. Md.</u>		
Mother's Maiden Name <u>John Arnet</u>			Mother's Birthplace <u>Dr. Co. Md.</u>		
Name of person giving information <u>W. H. Phillips</u>			How related to deceased <u>son-in-law</u>		

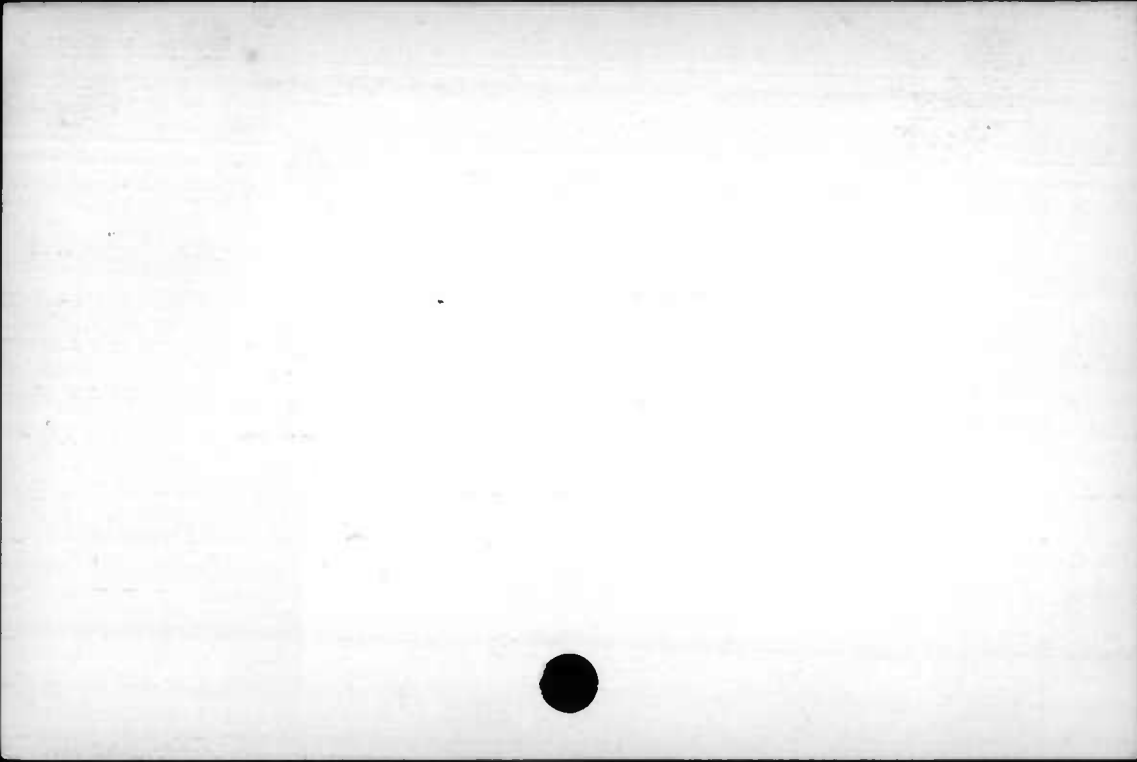
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Senility & Bronchitis</u>	How long <u>190</u>
Immediate <u>Bronchovascular Exhaustion</u>	How long <u>36 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>y/ps</u>	Signature of Physician <u>Henry Steele</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide?	



Name in Full		Town				County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Cambridge				Worcester		MARYLAND	
		Date of death 1905		Month March	Day 11	Years -	Months 8	Days 12	
		Sex male		Color or Race white		Birth-place Cambridge Md			
		Occupation -				Where Residing if not at place of death -			
		Married, Single or Widowed Single		Name of Wife or Husband -					
		Father's Name Thos. H. Twidley				Father's Birthplace Wm. Co. Md.			
		Mother's Maiden Name Edna H. Train				Mother's Birthplace Wm. Co. Md.			
Name of person giving information Thos H. Twidley		How related to deceased Father							
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary Capillary Bronchitis				How long 10 days			
		gradual heart failure				90			
		Immediate gradual heart failure				How long 1 day			
		Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician Wm. Steele			
						Address Cambridge Md.			
Accident or Suicide?									



Name
in
Full

George Washington

CERTIFICATE OF DEATH

Died at *Annoch* Town*Dorchester* County

MARYLAND

Date of death *1905* Month *March*Day *16th*Age *78* Years

Months

Days

Sex *male*Color or Race *Colored*

Birth-place

Occupation *Laborer*

Where Residing if not at place of death

Annoch

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

Le Compe & Harper

How related to deceased

—

CAUSES OF DEATH

Primary

Chronic Brights disease

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

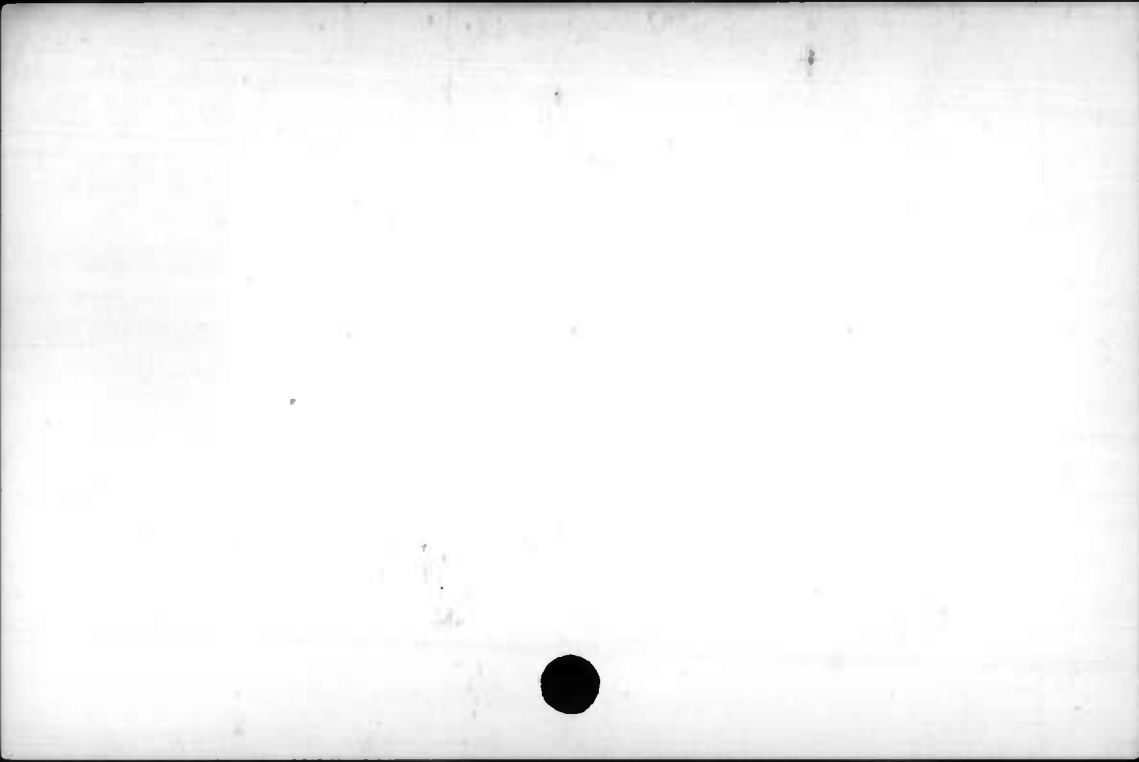
Signature of Physician

Address

*Dr. Robert V. Harper
Cambridge Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Ella Walters

CERTIFICATE OF DEATH

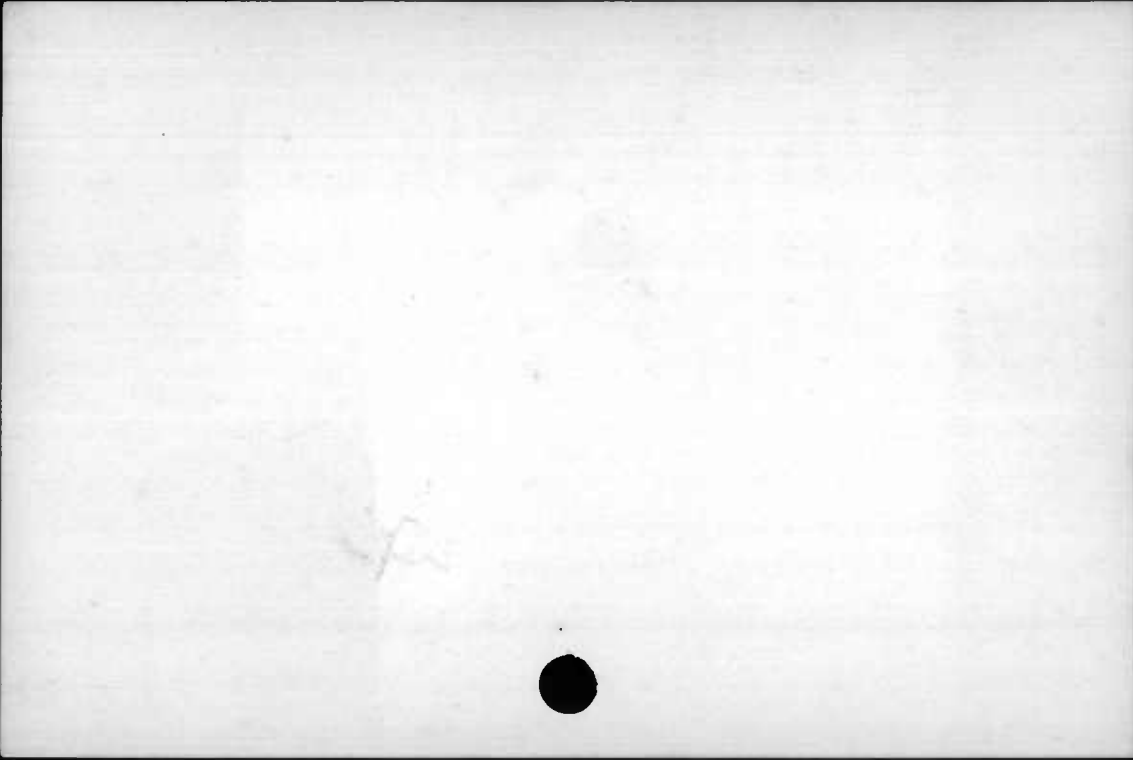
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> <small>Town</small>		<u>Brockton</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u>	Month <u>March</u>	Day <u>16</u>	Age <u>24</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Airys Md.</u>		
Occupation <u>housewife</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>James Walters</u>	Father's Birthplace <u>Brockton Md.</u>				
Mother's Maiden Name <u>Elinor Jackson</u>	Mother's Birthplace <u>Brockton Md.</u>				
Name of person giving information <u>Jos. Walters</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Phthisis Pulmonalis</u>	How long <u>2 years</u>
<u>Exhaustion</u>	How long
Immediate	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. Steele</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide?	



Name
in
Full

Caroline Whittington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brimma		County Worcester		MARYLAND	
Date of death	1905	Month 3	Day 20	Age	Years 65	Months 3	Days 7
Sex	female		Color or Race	Colored		Birth- place	
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Husband	Wm. Whittington			
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma of uterus	How long	4 1/2
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. R. Elliott	
Address		Brimma	
Accident or Suicide?			



Name
in
Full

Brother's Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Put Hall ^{Town}uncheon ^{County}Date of death 1901 ^{Month} MarchDay 19Age 1 ^{Years}Months 0

Days

Sex FemaleColor or Race coloredBirth-place W. Co. Md.Occupation —Where Residing if not
at place of deathMarried, Single or Widowed SingleName of Wife or
HusbandFather's Name John W. YoungFather's Birthplace W. Co. Md.Mother's Maiden Name Lucy MartinMother's Birthplace W. Co. Md.Name of person giving
Information John W. YoungHow related
to deceased Father

CAUSES OF DEATH

Primary John PneumoniaHow long 1 weekImmediate Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above? YesSignature of
Physician

Address

Wm. H. H. H.
Cummins, Md.

Accident or Suicide?

